CLAIMANT'S NAME Cecilia Silva-Martin POSITION Director of Finance RESIDENCE ADDRESS CITY STATE (1) NORMAL WORK HOURS (4) MONTHYEAR 2/2017 (5) DATE TIME Feb Public Transit CITY LOCATION WHERE EXPENSES WERE INCURRED LODGING	(8) BREAK-FAST) No.		D. INCIDEN- TALS	BUREAU TERS ADDRE	ESS	TRANSPORTA (C) CARFARE, TOLLS, PARKING	(3) MIL 0.54	STATE CA EAGE RATE	(510) 3- ZIP 0 94612 CLAIMED	MBER NE NUMBER 40-9154 CODE
POSITION Director of Finance RESIDENCE ADDRESS* CITY STATE 1) NORMAL WORK HOURS 4) MONTHYEAR 2/2017 5) DATE TIME Public Transit COMMAND AND ADDRESS AND ADDR	ZIP (MEALS	O.T., L/T N/C, RELC OR	HEADQUAR' 1999 Har CITY Oakland 2) PRIVATE V (9) D. INCIDENTALS	TERS ADDRETTISON (EHICLE LICE (10) (A) COST OF TRANS.	ESS ENSE NU (B) TYPE	TRANSPORTA' (C) CARFARE, TOLLS,	(3) MIL 0.54	STATE CA EAGE RATE 0 (D) TE CAR USE AMOUNT 0.00 0.00	TELEPHOI (510) 3. ZIP C 94612 CLAIMED (11) BUSINESS	NE NUMBER 40-9154 DODE 2 (12) TOTAL EXPENSES FOR DAY 370.00
Director of Finance RESIDENCE ADDRESS* STATE I) NORMAL WORK HOURS 4) MONTH/YEAR 2/2017 B) DATE TIME Public Transit Director of Finance STATE TIME (6)	ZIP (MEALS	O.T., L/T N/C, RELC OR	HEADQUAR' 1999 Har CITY Oakland 2) PRIVATE V (9) INCIDENTALS	TERS ADDRE	(B)	TRANSPORTA' (C) CARFARE, TOLLS,	0.54	CA EAGE RATE 0 (D) TE CAR USE AMOUNT 0.00 0.00	TELEPHOI (510) 3. ZIP C 94612 CLAIMED (11) BUSINESS	NE NUMBER 40-9154 DODE 2 (12) TOTAL EXPENSES FOR DAY 370.00
RESIDENCE ADDRESS* STATE I) NORMAL WORK HOURS 4) MONTHYEAR 2/2017	(8)	MEALS	O.T., L/T N/C, RELC OR	1999 Har CITY Oakland 2) PRIVATE V (9) INCIDENTALS	(10) (A) COST OF TRANS.	(B)	TRANSPORTA' (C) CARFARE, TOLLS,	0.54	CA EAGE RATE 0 (D) TE CAR USE AMOUNT 0.00 0.00	(510) 3. ZIP C 94612 CLAIMED (11) BUSINESS	(12) TOTAL EXPENSES FOR DAY
NORMAL WORK HOURS NORMAL WORK HOURS N	(8)	MEALS	O.T., L/T N/C, RELC OR	1999 Har CITY Oakland 2) PRIVATE V (9) INCIDENTALS	(10) (A) COST OF TRANS.	(B)	TRANSPORTA' (C) CARFARE, TOLLS,	0.54	CA EAGE RATE 0 (D) TE CAR USE AMOUNT 0.00 0.00	(510) 3. ZIP C 94612 CLAIMED (11) BUSINESS	(12) TOTAL EXPENSE: FOR DAY
) NORMAL WORK HOURS 1) MONTHYEAR 2/2017 (6) LOCATION WHERE EXPENSES WERE INCURRED DATE TIME Public Transit	(8)	MEALS	O.T., L/T N/C, RELC OR	Oakland 2) PRIVATE V (9) INCIDENTALS	(10) (A) COST OF TRANS.	(B) TYPE	TRANSPORTA' (C) CARFARE, TOLLS,	0.54	CA EAGE RATE 0 (D) TE CAR USE AMOUNT 0.00 0.00	ZIP C 94612 CLAIMED (11) BUSINESS	(12) TOTAL EXPENSE: FOR DAY 370.00
4) MONTH/YEAR 2/2017 S) DATE TIME Public Transit (6) LOCATION WHERE EXPENSES WERE INCURRED LODGING LODGING	BREAK-		O.T., L/T N/C, RELC OR	2) PRIVATE V (9) INCIDENTALS	(10) (A) COST OF TRANS.	(B) TYPE	TRANSPORTA' (C) CARFARE, TOLLS,	0.54	(D) TE CAR USE AMOUNT 0.00	CLAIMED (11)	(12) TOTAL EXPENSE FOR DAY 370.00
#) MONTH/YEAR 2/2017	BREAK-		O.T., L/T N/C, RELC OR	(9) D. INCIDEN- TALS	(10) (A) COST OF TRANS.	(B) TYPE	TRANSPORTA' (C) CARFARE, TOLLS,	0.54	(D) (E CAR USE AMOUNT 0.00 0.00	(11)	TOTAL EXPENSE: FOR DAY 370.00
2/2017 LOCATION WHERE EXPENSES WERE INCURRED	BREAK-		N/C, RELC	INCIDEN-	(A) COST OF TRANS.	TYPE	(C) CARFARE, TOLLS,	PRIVAT	(D) TE CAR USE AMOUNT 0.00	BUSINESS	TOTAL EXPENSES FOR DAY 370.00
2/2017 LOCATION WHERE EXPENSES WERE INCURRED LODGING Feb Public Transit LODGING		LUNCH	N/C, RELC	D. INCIDEN- TALS	(A) COST OF TRANS.	TYPE	(C) CARFARE, TOLLS,	PRIVAT	AMOUNT 0.00 0.00	BUSINESS	TOTAL EXPENSE: FOR DAY 370.00
Podate TIME Public Transit		LUNCH	OR	TALS	TRANS.		TOLLS,		AMOUNT 0.00 0.00		370.00 0.00
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3)									0.00		0.00
SUBTOTALS 0.00	0.00	0.00	0.00	0.00	370.00		0.00	0.00	0.00	0.00	370.00
COLUMN CODE (ACCTG, USE ONLY)											
CLAIM TOTAL											\$370.00
4) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vou ebruary 2017 Public Transit	ichers when	required)						AG	ENCY ACC	OUNTING	OFFICE
•		Dο	mit E	ovmo	nt To		7	PAID BY REVOLVING FUND CHECK NUMBER			
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	1	000 %	Jamia	on St.	Cto 4	650					
	1	Oakla	nd C	CA 946	312 21	00U					
		Vania	110, 0	A 340	12-30	20	J				
15) I HEREBY CERTIFY That the above is a true statement of the t	travel evner	see incurred	by me in a	and an an with	DD4 ! !-		ilaa afil oo t		in 16		
used, and if mileage rates exceed the minimum rate, I certify tha SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vel	at the cost of hicle safety	f onerating th	e vehic						ia. If a private at the requiren		
LAIM	DATE		(1)						T DA	TE/	,
(7) SF		7/17 on reverse)	S						DA	3/1	7/1
<u> </u>	110111 17	-11 1040100)							DA		•